

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000156903

**Entity Name:** 1515 NORTH FLAGLER DRIVE SUITE 600, LLC

**Current Principal Place of Business:**

1515 NORTH FLAGLER DRIVE  
SUITE 600  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1515 NORTH FLAGLER DRIVE  
SUITE 600  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 82-0815890

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZANE, JEFFREY P  
7108 FAIRWAY DRIVE  
SUITE 150  
PALM BEACH GARDENS, FL 33418 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MICHAEL L. SCHWARTZ, M.D., P.A.  
Address 1515 NORTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name TERRY S. OLSON, M.D., P.A.  
Address 1515 NORTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name DAVID A. LEHMAN, M.D., P.A.  
Address 1515 NORTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name JOSEPH R. ZITO, M.D., P.A.  
Address 1515 NORTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name ROBERT A. DATTOLO, M.D., P.A.  
Address 1515 NORTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH R ZITO

**OFFICER**

**03/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date